

CITY OF SEATTLE  
DEPARTMENT OF EXECUTIVE ADMINISTRATION – SEATTLE ANIMAL CONTROL  
**CAT ADOPTION QUESTIONNAIRE**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Thank you for considering adopting an orphan from our shelter. You will be making a 10-20 year commitment to the cat you adopt and our goal is to help make the best match possible for you and the orphaned cat you are interested in. The following questions will help us achieve that goal.**

1) Do you currently live in a    ☐House    ☐Apartment    ☐Condo    ☐Other \_\_\_\_\_

2) Do you currently    ☐Rent    ☐Own    ☐Lease the residence where you live?

3) How long have you lived at your current residence? \_\_\_\_\_

**If not property owner, Seattle Animal Control has my permission to verify current pet policy**

Landlord's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

4) How many adults live in your home? \_\_\_\_\_

5) How many children? \_\_\_\_\_ Ages \_\_\_\_\_

6) Does anyone in your household have allergies?    ☐Yes    ☐No

7) Who will be primarily responsible for the care of this cat? \_\_\_\_\_

8) Is this cat a gift?    ☐Yes    ☐No    If yes, for whom? \_\_\_\_\_

9) Which of the following best describes your reasons for wanting this cat? (Check all that apply)

☐Companion    ☐To Breed    ☐For kids    ☐Mouser

☐Companion for pet    ☐Other \_\_\_\_\_

10) What attracts you to the cat you are interested in? \_\_\_\_\_

11) Will this cat be:    ☐Indoor only    ☐Outdoor only    ☐Indoor & Outdoor

12) Where will the cat be kept when no one is home? \_\_\_\_\_

13) Where will the cat be kept at night? \_\_\_\_\_

14) Do you plan to have the cat declawed?    ☐Yes    ☐No

15) If yes, why? \_\_\_\_\_

16) Have you had pets in the past (as an adult)? ☐ Yes ☐ No

17) Please list all of the pets you have had in the last 10 years including current pets, and those you no longer own

Breed	Age	Sex	Spayed/Neutered	Owned how long?	Does the pet still live with you? If not, what happened to him/her

18) If you have other pets, are their vaccinations current? ☐ Yes ☐ No

19) If you have other pets, are they currently licensed? ☐ Yes ☐ No

20) Do you have a regular veterinarian? ☐ Yes ☐ No Name \_\_\_\_\_

21) Under what circumstances would you **not** keep this cat? \_\_\_\_\_

22) How much money do you expect to spend per year caring for this cat (vet care, tags, food, supplies, toys)  
\$ \_\_\_\_\_

23) Please check the topics you would like our staff to discuss with you today

☐ Indoors vs. outdoors

☐ Litterbox issues

☐ Declawing

☐ Introduction to other pets

☐ Scratching furniture

☐ Cats with kids

☐ Nail trimming

☐ Grooming

**I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of an animal or, if an animal has been adopted to me, the return of that animal to Seattle Animal Control. I understand that all animals adopted from Seattle Animal Control must successfully pass a health and temperament screening and must be spayed or neutered before they are released from the shelter.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Case Number \_\_\_\_\_ Reviewed by \_\_\_\_\_ Date \_\_\_\_\_